



Washington State *2005 Health Professional Loan Repayment Program*

310 Israel Road SE ♦ PO Box 47834 ♦ Olympia, Washington 98504-7834

The Health Professional Loan Repayment Program is a state-supported general fund program where awards are made on a competitive basis and limited to the availability of funds. The aggregate debt of all applicants has normally exceeded the funds available in any given year. Program funds are designated as a priority for sites and/or practices demonstrating service to underserved populations. **It is expected that the site AND provider client population reflects the demographics of the service area described on the site application.**

Applications must include the required attachments. **Incomplete applications will not be processed.** Two opportunities to apply are provided in 2005:

Application deadlines: February 25, 2005 or July 29, 2005.

Applicants are required to make a tentative match with an eligible site **PRIOR** to submitting an application. A list of eligible sites is provided in the back of this application packet. **It is the responsibility of the health professional and site to contact each other to establish an appropriate match.** To receive an award, it will be necessary for the health professional to submit contract documentation verifying the match has been confirmed. **A site may not receive two awards for the same profession in the same year.** In the event one site has two or more applicants from the same profession, the site will be given the opportunity to identify how the award will be distributed. This award **will not** exceed the highest debt requested or \$75,000, whichever is less.

All funds obtained from this program must be applied to the educational debt submitted with this application. Verification of payments may be requested.

If you have any questions regarding the application process, contact:

Kathy McVay Program Manager (360) 236-2816
Chris Wilkins Program Coordinator (360) 236-2817

Kathy.McVay@doh.wa.gov
Chris.Wilkins@doh.wa.gov

Web site address: www.hecb.wa.gov/paying/waaidprgm/health.asp

November 2004

2005 Health Professional Loan Repayment Program

ELIGIBILITY: *To be eligible to apply, an individual must:*

1. Be enrolled as a full-time student in the final year of an approved course of study or program which leads to a degree in an eligible health profession and which is offered by an accredited school; be enrolled in an accredited graduate training program; have a degree in an eligible program and have completed an approved graduate training program; have a current and valid license to practice such health profession in Washington State by the time of execution of contract; or be in the final stage of training to be licensed to practice an eligible health profession; submit an application on the official application form for participation in the Health Professional Loan Repayment Program;
2. Agree to serve an equivalent to full-time for not less than three years;
3. Agree to charge for professional services at the usual and customary rate prevailing in the area in which such services are provided;
4. Agree not to discriminate against any person on the basis of his/her ability to pay for services or because payment for the health services provided to the individual will be made under part A or B of Title XVIII of the Federal Social Security Act or under a state plan for medical assistance approved under Title XIX of such Act;
5. Agree to accept an assignment under the terms specified in Title XVIII of the federal Social Security Act, section 18.42 (b)(3)(B)(ii);
6. Agree to enter an agreement with the state Medicaid agency to provide services to individuals entitled to medical assistance under the plan;
7. Agree to repay to the program an amount equal to twice the total amount paid by the program if the service obligation is not met; and
8. **Not owe an obligation for health professional service to the military, federal government, state, or other entity unless that obligation will be completely satisfied prior to the beginning of service under this program.**
9. Applicant must be a United States citizen.

SELECTION: *Applicants will be selected for participation in the Health Professional Loan Repayment Program based upon the following criteria:*

1. The individual's training in a health profession or specialty needed to fulfill an underserved area in Washington State;
2. The individual's commitment to serve in a medically underserved area or community-based primary care site as determined by the statement of commitment on the application form;
3. The availability of the individual for service, with highest consideration being given to individuals who will be available for service at the earliest dates;
4. The length of the individual's proposed service obligation, with greatest consideration being given to persons who agree to serve for longer periods of time; and
5. The individual's academic standing, prior professional experience in a medically underserved area or health personnel shortage area, board certification, residency achievements, peer recommendations, depth of past residency/practice experience, and other criteria related to professional competence or conduct.

Among individuals determined to be eligible for the program, priority will be given to those qualified applicants whose health profession or specialty is most needed, and who are most committed to medically underserved areas and health personnel shortage areas.

AWARD: *Participants shall receive payment from the program for the purpose of repaying educational loans secured while attending a program of health professional training that led to licensure as a health professional.*

1. Repayment shall be limited to loans covering reasonable educational and living expenses and shall include principal and interest.
2. Financial debts or service obligations which do not qualify for repayment include: Public Health Service and National Health Service Corps scholarship training program, National Health Service Corps scholarship program, Armed Forces (Army, Navy, or Air Force) health professional scholarship programs. Loans not obtained from a government entity or commercial lending institution, such as loans from friends and relatives will be reviewed on an individual basis. Loans obtained for educational or personal expenses while at school which exceed the "reasonable" level of cost of attendance are not eligible.
3. **Payments shall be made quarterly to the participant** until the loan is repaid or the participant becomes ineligible due to discontinued service in a health personnel shortage area or after the fifth year of service when eligibility discontinues, whichever comes first. **All funds obtained from this program must be applied to the educational debt submitted with this application. Verification of payments may be requested.**
4. Participants will be required to submit appropriate documentation of service each quarter as required by the program verifying the terms of the agreement have been met for each payment period. **The first payment can be expected after the first quarter of service has been completed and has been confirmed by submittal of a Service Confirmation form.**
5. Participants violating the non-discrimination provisions described in Section I, (5,6,7) shall be declared ineligible for receiving assistance.
6. Participants shall agree to execute a release to allow the program access to loan records and to acquire information from lenders necessary to verify eligibility and to determine payments. **Loans may not be renegotiated with lenders to accelerate repayment.**

REPAYMENT:

1. Participants who serve less than three years shall be required to repay to the program an amount equal to **twice the total amount** paid by the program.
2. At the request of the participant, the program may waive, in full or in part, the obligation for service or its rights to recover financial damages whenever the program determines that failure to do so was due to circumstances beyond the participant's control. Conditions that would be considered as a waiver from default provisions may include: participant becomes physically impaired to the degree that he/she can no longer function in his/her assigned duties; or participant becomes mentally impaired to the degree that he/she can no longer function in his/her assigned duties; or death.
3. The program shall not be held responsible for any outstanding payments on principal and interest to any lenders once a participant's eligibility expires.



Washington State
**2005 Health Professional Loan
Repayment Program**

Loan Repayment Application
"Benefit from being needed"

Personal

Applicant must be licensed or eligible for licensure in Washington State.

Name: _____ / _____ / _____ SS #: _____ / _____ / _____
Last Name First Name Middle Initial

Address: _____ Date of Birth: ____ / ____ / ____

City: _____ State: _____ Zip: _____

Telephone (day): (____) _____ Telephone (eve): (____) _____ E-Mail: _____

Career needs of spouse (if applicable): _____

Your Hometown: _____ Spouse's Hometown: _____

Your Ethnic Origin: _____ ☐ Male ☐ Female

Upon completion of training, do you have another service obligation? **Please note: program recipients cannot commit simultaneously to two service obligations.** ☐ Yes ☐ No (If yes, please specify below.)

NHSC: _____ IHS: _____ Military: _____ Other (Specify): _____

Education

Undergraduate School: _____ GPA: _____

Degree: _____ Date Received: _____ Years/credits completed: _____

Graduate/Professional School: _____

Degree: _____ Date Received: _____ Years/credits completed: _____

Residency/Internship/Preceptorship: _____

Current and Professional Status

Residency: _____ Military: _____

Practice: _____ Other (describe): _____

Are you Board eligible? _____ Board certified? _____ Specialty: _____

Community Information

Facility Name: _____

Address: _____

County: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ FAX: (____) _____ E-Mail: _____

Name of key contact: _____ Beginning date of employment: _____

☐ Full Time ☐ Part Time: Days Per Week: _____ Hours Per Week: _____

Licensure Information

Are you a licensed health care provider in Washington State? ☐ Yes ☐ No

If "Yes," provide the license number: _____

If "No," to the best of your knowledge, are you eligible to be licensed in Washington State? ☐ Yes ☐ No

Are you a licensed health care provider in any state other than Washington? ☐ Yes ☐ No

If "Yes," what type: _____ State: _____

Professional Experience

(Make brief, concise statements)

1. Summarize your work/training/practice experience. Comment specifically on your experiences in rural/underserved urban areas.

2. Describe your long-range personal and professional goals.
3. Discuss your commitment to serve in this community/site.
4. Describe any life experiences you feel make you an appropriate match for this community/site. Include such things as multicultural experiences, languages in which you are fluent, hobbies, interests, etc.

2005 Facility Administrator Confirmation

*This form is to be completed by facility administrator/medical director or appropriate designee and **must** accompany completed application packet.*

Name of Applicant: _____ / _____ / _____ FTE Status: _____
Last Name First Name MI

A. Discuss the importance and role of this applicant in your facility/site.

B. Describe the impact of the loan repayment benefit on your ability to recruit or retain this applicant.

C. Has your community/site/facility received funds from, or participated in, other state or federal programs, i.e., CBRR, RHSD, CHSD, NHSC, HSR, rural health outreach grant, etc.?

☐ Yes ☐ No If yes, please describe.

I certify that this Loan Repayment program applicant meets all the qualifications for which the site received access barrier points in the site application process. The applicant has made a commitment to stay at this facility for a minimum of three years while participating in the Loan Repayment Program.

Name: _____
(Print or type)

Title: _____

Site Name: _____

Address: _____

Signature: _____

Date: _____

Agreement

I certify that the statements made herein are correct to the best of my knowledge. I authorize the Health Professional Loan Repayment Program to maintain a record of this information. I understand that any referral by the Health Professional Loan Repayment Program is not to be interpreted as an endorsement by the program. I further understand that it is my responsibility to evaluate the credentials and references of the site/opportunities/providers.

I agree, if accepted into this program, to serve for a minimum of three years and to accept Medicare assignments and Medicaid patients. I further agree that all funds obtained from this program will be applied to the educational debt submitted with this application.

Signature of Applicant: _____ Date: _____

Attachment Checklist

- ☐ **Current** loan statement(s) with amount outstanding (*required*)
- ☐ Recommendation letters (three) from training supervisors/professional colleagues (*required*)
- ☐ Facility Administrator Confirmation form (*required*)
- ☐ Letter confirming residency certification (if applicable)
- ☐ Verification of Board eligibility (if applicable)
- ☐ Professional school transcript (*required*)
- ☐ Copy of employer/employee contract and/or agreement (*required*)

(If no contract or agreement exists, submit a signed/dated letter from your supervisor, on company letterhead, verifying the date you were employed, your position, and the number of hours you work each week.)

Mail Completed Application To:

Health Professional Loan Repayment Program
Office of Community and Rural Health
310 Israel Road SW
PO Box 47834
Olympia, WA 98504-7834

Telephone: 360-236-2816 Kathy McVay
360-236-2817 Chris Wilkins
FAX: 360-664-9273
E-Mail: Kathy.McVay@doh.wa.gov
Chris.Wilkins@doh.wa.gov

Deadlines for 2005 Applications

Two opportunities to apply are provided in 2005:

February 25, 2005 or July 29, 2005

HEALTH PROFESSIONAL LOAN REPAYMENT 2005 APPROVED SITE LIST

Site Name	County	City	Administrator	Phone #	X PCP	R PCP	PA	NP	LPN	RN	RX	DDS	RDH	MW
Cascade Medical Center	Chelan	Leavenworth	Douglas Williams	509-548-5815	MD									
Columbia Valley Community Health - Chelan	Chelan	Chelan	Cheryl Damstetter	509-664-4587	MD									
Columbia Valley Community Health - Wenatchee	Chelan	Wenatchee	Cheryl Damstetter	509-664-4587				X		X	X	R		
Lake Chelan Clinic, PC	Chelan	Chelan	Karen McKellar	509-682-2511	MD	MD								
Lake Chelan Community Hospital	Chelan	Chelan	Larry Peterson	509-682-8503	MD			X	X		X			
Reynolds & Reynolds, DDS, PLLC	Chelan	Wenatchee	Timothy L. Reynolds, DDS	509-886-2500								X		
Clallam Bay Corrections Center	Clallam	Clallam Bay	Sandra Carter	360-936-3236	MD						X			
Forks Community Hospital	Clallam	Forks	Camille Scott	360-374-6271	MD				X					
Jamestown S'lallam Tribe - Family Health Clinic	Clallam	Sequim	Bill Riley	360-582-2874	MD	MD								
Cascade Park Care Center	Clark	Vancouver	Susan Kerjil	360-263-2200						R				
Healthy Steps Women's and Children's Center	Clark	Vancouver	Pete Chandler, MD	360-514-7324				X						X
Lowell S. Booth, DDS, PC	Clark	Vancouver	Marsha Booth	360-694-4000								R		
SeaMar CHC - Vancouver Clinic	Clark	Vancouver	Rogelio Riojas	206-763-5277	MD	MD						R		
Booker Rest Home	Columbia	Dayton	Bruce Grimshaw	509-382-2531					R	R				
Columbia Family Clinic	Columbia	Dayton	Bruce Grimshaw	509-382-2531	MD		X		R	R				
Castle Rock Pediatrics & Family Wellness Center	Cowlitz	Castle Rock	Audrey S. Hyde	360-274-2353	MD									
Child and Adolescent Clinic	Cowlitz	Longview	Kimberley J. Robbins	360-423-6140		MD								
Cowlitz Family Health Center - Longview	Cowlitz	Longview	Dian Cooper	360-636-3892		MD		R						
Cowlitz Family Health Center - Woodland	Cowlitz	Woodland	Dian Cooper	360-636-3892				R						
Cowlitz Indian Tribe	Cowlitz	Longview	James Sherrill	360-575-8275				R						
Family Health Centers - Longview Dental Clinic	Cowlitz	Longview	Dian Cooper	360-636-3892								R		
PeaceHealth Medical Group - Clinic	Cowlitz	Longview	Rosanne Ponzetti	360-414-7596	MD	MD		R						
PeaceHealth Medical Group - St. John Medical Center Hospital	Cowlitz	Longview	Rosanne Ponzetti	360-414-7596						X/R	X			
Republic Medical Clinic	Ferry	Republic	Ron O' Halloran	509-775-3333		MD			X	X				
CHC- LaClinica	Franklin	Pasco	Sarah Villanueva	509-547-2204	MD		X	X				X		
Lourdes Health Network	Franklin	Pasco	John Nusbaum	509-546-2230	MD		X	X		X				
Garfield County Hospital	Garfield	Pomeroy	Andrew Craigie	509-843-1591				R						
Garfield County Memorial Hospital - Long Term Care	Garfield	Pomeroy	Andrew Craigie	509-843-1591						X/R				
Association of Samaritan Physicians	Grant	Moses Lake	Raymond E. Dockery	509-766-4185		MD								
Coulee Community Hospital - Coulee Family Medicine	Grant	Grand Coulee	Michael C. Wiltermood	509-633-6388		MD		R						R
Mattawa Community Medical Center	Grant	Mattawa	Debra R. Howey	509-932-4499				X	X					
Moses Lake Community Health Center	Grant	Moses Lake	John F. Browne	509-765-0674	MD		X	X		X				
Parkview Pediatrics and Family Medicine	Grant	Moses Lake	Jill A. Dudik Bross, MD	509-766-9450			R							
Quincy Valley Medical Center	Grant	Quincy	John R. Perushek	509-787-5369			X	X/R		R				
Wenatchee Valley Medical Center - Moses Lake	Grant	Moses Lake	Shaun Koos	509-663-8711		MD				X				
Peninsula Community Health Services - Aberdeen	Grays Harbor	Aberdeen	Barbara Malich	360-478-2366	MD	DO	X/R							
Peninsula Community Health Services - Copalis Beach	Grays Harbor	Copalis Beach	Barbara Malich	360-478-2366	MD		X							

X = Recruitment R = Retention

HEALTH PROFESSIONAL LOAN REPAYMENT 2005 APPROVED SITE LIST

Site Name	County	City	Administrator	Phone #	X PCP	R PCP	PA	NP	LPN	RN	RX	DDS	RDH	MW
Roger Saux Health Center	Grays Harbor	Taholah	Fawn Tadios	360-276-4405	MD				X	R	X	X	X	
Jefferson Medical Group	Jefferson	Port Townsend	Paula Dowdle	360-385-2200		MD								
Olympic Primary Care	Jefferson	Port Townsend	Paula Dowdle	360-379-0831		MD	R							
CHC King Co- Federal Way Community Dental Center	King	Federal Way	Thomas R. Hochwalt	509-935-6001								R		
Fircrest School - Div Developmental Disabilities	King	Shoreline	Asha Singh, MD	206-361-3003				X	X					
International Community Health Services - Holly Park	King	Seattle	Irwin Batara	206-461-3617						X	X	R		
International Community Health Services - International Dist.	King	Seattle	Irwin Batara	206-461-3617						X		R		
King Co CHC - Auburn	King	Auburn	Thomas Trompeter	253-372-3600		MD								
King Co CHC - Bothell/ Kenmore	King	Kenmore	Thomas Trompeter	253-372-3600		MD								
King Co CHC - Federal Way	King	Federal Way	Thomas Trompeter	253-372-3600	MD	MD								
Pike Market Medical Clinic	King	Seattle	Debra Morrison	206-728-1687		MD				R				
Pine Lodge Correctional Center for Women	King	Medical Lake	Roald Helgesen	509-299-2329			R							
PSNHC - 45th Street Clinic	King	Seattle	Mark Secord	206-461-6935						R	R	R		
PSNHC - Georgetown Clinic	King	Seattle	Mark Secord	206-461-6935								X		
PSNHC - Greenwood Clinic	King	Seattle	Mark Secord	206-461-6935				R		R				
PSNHC - High Point Clinic	King	Seattle	Mark Secord	206-461-6935			X	X		R		X/R		
PSNHC - Rainier Beach Clinic	King	Seattle	Mark Secord	206-461-6935	MD		X	X		X/R				
PSNHC - Rainier Park Clinic	King	Seattle	Mark Secord	206-461-6935		MD	X/R	X		X/R				
SeaMar Community Care Center	King	Seattle	Carols Alaniz	206-763-5277					X	X				
Seattle Indian Health Board	King	Seattle	Roxan Wilkins	206-324-9360			R			X/R		R	X	
Snoqualmie Valley Hospital	King	Snoqualmie	Rodger McCollum	425-831-2367	MD					R				
Vashon Natural Medicine	King	Vashon	Kelly Wright	206-463-4778		ND								
Kitsap County Health District	Kitsap	Bremerton	Scott Daniels	360-337-5299		MD								
Peninsula Community Health Services - Bremerton	Kitsap	Bremerton	Barbara Malich	360-478-2366	MD		X				X	X		
Peninsula Community Health Services - Port Orchard	Kitsap	Port Orchard	Barbara Malich	360-478-2366	MD		X/R					X		
Peninsula Community Health Services - Poulsbo	Kitsap	Poulsbo	Barbara Malich	360-478-2366	MD		X							
Port Gamble S'Klallam Tribe	Kitsap	Kingston	Holly Blanton	360-297-2840		MD	X/R	X						
Port Gamble S'Klallam Tribe - Dental Clinic	Kitsap	Kingston	Danette C. Ives	360-297-9650								X	X	
Cle Elum Family Medicine Center, LLP	Kittitas	Cle Elum	Karen A. Greene	509-674-5331			R							
Kittitas Valley Primary Care Associates	Kittitas	Ellensburg	Eric Jenses	509-933-7591	MD									
Odessa Memorial Healthcare Center	Lincoln	Odessa	Mark Barglof	509-982-2611			X	X						
Dental Village	Mason	Shelton	Shirley D. Daniels, DDS	360-432-1998								X	X	
Olympic Physicians, PLLC	Mason	Shelton	Pamela H. Schlauderaff	360-426-2500	MD									
Washington Corrections Center	Mason	Shelton	Michael Watkins	360-427-4592				R						
Family Health Centers - Brewster	Okanogan	Brewster	Kory Lester	509-422-7629	MD									

X = Recruitment R = Retention

HEALTH PROFESSIONAL LOAN REPAYMENT 2005 APPROVED SITE LIST

Site Name	County	City	Administrator	Phone #	X PCP	R PCP	PA	NP	LPN	RN	RX	DDS	RDH	MW
Family Health Centers - Okanogan	Okanogan	Okanogan	Kory Lester	509-422-7629	MD							X		
Mid-Valley Medical Group	Okanogan	Omak	Michael D. Billing	509-826-7640	MD	MD								
Okanogan Douglas District Hospital	Okanogan	Brewster	Dale Polla	509-689-2517	MD					X				
Oroville Family Medical Clinic	Okanogan	Oroville	Warner Bartleson	509-476-3911	MD									
Wenatchee Valley Medical Center - North Valley	Okanogan	Tonasket	Shaun Koos	509-663-8711		MD								
Wenatchee Valley Medical Center - Omak	Okanogan	Omak	Shaun Koos	509-663-8711		MD				X				
Family Health Center Newport	Pend Oreille	Newport	John R. White	509-447-9406		MD								
Family Medicine Newport	Pend Oreille	Newport	John R. White	509-447-9406		MD								
CHC - Children's Dental Clinic	Pierce	Tacoma	David Flentge	253-597-4550								X		
CHC - Downtown Clinic	Pierce	Tacoma	David Flentge	253-597-4550	MD		X	X		X	X/R			
CHC - Eastside Clinic	Pierce	Tacoma	David Flentge	253-597-4550			X	X		X				
CHC - Family Dental Clinic	Pierce	Tacoma	David Flentge	253-597-4550								X	X	
CHC - Homeless Clinic	Pierce	Tacoma	David Flentge	253-597-4550	MD		X/R	X						
CHC - Lakewood Clinic	Pierce	Lakewood	David Flentge	253-597-4550	MD		X	X		X	X/R	X/R	X	
CHC - Parkland Clinic	Pierce	Tacoma	David Flentge	253-597-4550	MD		X	X		X	X			
CHC - Soundview Clinic	Pierce	Tacoma	David Flentge	253-597-4550	MD		X	X		X				
CHC - Spanaway Clinic	Pierce	Spanaway	David Flentge	253-597-4550			X	X		X				
CHC - Sumner Clinic	Pierce	Sumner	David Flentge	253-597-4550	MD		X	X		X	X			
CHC - Tacoma Clinic	Pierce	Tacoma	David Flentge	253-597-4550						X/R				
CHC - Tillicum Clinic	Pierce	Tacoma	David Flentge	253-597-4550			X/R	X						
Home Care Associates	Pierce	Tacoma	Marty Hescocock	253-212-0093				X/R						
Key Medical Center	Pierce	Lakebay	William F. Roes, MD	253-884-9221					X					
Lakeside Birth Center	Pierce	Sumner	Nancy Spencer, LM	253-862-6533	ND									
McNeil Island Corrections Center	Pierce	Steilacoom	Jane Robinson	253-512-6640					X	X	X			
Puyallup Tribal Health Authority	Pierce	Tacoma	Rodney E. Smith	253-593-0232		PED		X	R	X/R	X/R	R		
SeaMar CHC - Puyallup	Pierce	Puyallup	Rogelio Riojas	206-763-5277	MD					X		R		
SeaMar CHC - Tacoma	Pierce	Tacoma	Rogelio Riojas	206-763-5277		MD				X				
Washington Corrections Center for Women	Pierce	Gig Harbor	Bobby Baker	253-858-4200	GI						R			
Western State Hospital	Pierce	Tacoma	R. Darrell Hamilton, MD	253-756-2846	MD				X	X	X			
Island Family Physicians	Skagit	Anacortes	Patricia L. Hatfield	360-588-1683		MD								
SeaMar CHC - Burlington Dental Clinic	Skagit	Burlington	Rogelio Riojas	206-763-5277								R		
Skagit Valley Medical Center - Sedro-Wooley	Skagit	Sedro-Woolley	Don Schlichtmann	360-428-6482		MD								
Skagit Valley Medical Center, Inc. P.S. - Mt. Vernon	Skagit	Mount Vernon	Don Schlichtmann	360-428-6482		MD								
CHC Snohomish County - Broadway Medical Clinic	Snohomish	Everett	Kenneth M. Green	425-249-0791	MD									
CHC Snohomish County - Colby Dental Clinic	Snohomish	Everett	Kenneth M. Green	425-249-0791								R		
CHC Snohomish County - Evergreen Way Medical Clinic	Snohomish	Everett	Kenneth M. Green	425-249-0791	MD		R							
CHC Snohomish County - Lynnwood Medical Center	Snohomish	Lynnwood	Kenneth M. Green	425-249-0791	MD					R				
Monroe Correctional Complex	Snohomish	Monroe	Raymond Bergross	360-794-2808			R				X			

X = Recruitment R = Retention

HEALTH PROFESSIONAL LOAN REPAYMENT 2005 APPROVED SITE LIST

Site Name	County	City	Administrator	Phone #	X PCP	R PCP	PA	NP	LPN	RN	RX	DDS	RDH	MW
Providence Everett Healthcare Clinic	Snohomish	Everett	Anthony J. Roon	425-317-0319				X						
SeaMar CHC - Marysville	Snohomish	Marysville	Rogelio Riojas	206-763-5277	MD	MD				X		R		
Airway Heights Corrections Center	Spokane	Airway Heights	Maggie Miller-Stout	509-244-6827	MD		X	X	X	X				
CHAS - Denny Murphy	Spokane	Spokane	Peg Hopkins	509-434-0385	MD							X		
CHAS - Maple Clinic	Spokane	Spokane	Peg Hopkins	509-434-0385							X/R	R	R	
CHAS - North County Clinic	Spokane	Spokane	Peg Hopkins	509-434-0385	MD			X						
CHAS - Northeast Clinic	Spokane	Spokane	Peg Hopkins	509-434-0385	MD									
CHAS - Valley Medical Clinic	Spokane	Spokane	Peg Hopkins	509-434-0385	MD	MD								
Condon and Condon PLLC - Liberty Lake	Spokane	Liberty Lake	Michael P. Condon	509-993-2633								X		
Condon and Condon PLLC - Northside	Spokane	Spokane	Michael P. Condon	509-993-2633								X		
Eastern State Hospital	Spokane	Medical Lake	Harold E. Wilson	509-299-4352					X	X				
Native Health of Spokane	Spokane	Spokane	Toni Lodge	509-325-5502		MD	X	X	X	X				
Spokane Veterans Home	Spokane	Spokane	Kathleen Magonigle	509-344-5770					R	R				
NE Washington Health Programs	Stevens	Springdale	Thomas R. Hochwalt	509-935-6001			X							
St. Joseph's Hospital	Stevens	Chewelah	Gary V. Peck	509-935-5200						R				
Cedar Creek Corrections Center	Thurston	Littlerock	Daniel Pacholke	360-753-7278						R				
SeaMar CHC - Olympia	Thurston	Tumwater	Rogelio Riojas	206-763-5277								R		
Blue Mountain Medical Group, PLLC	Walla Walla	Walla Walla	Kathy Strickler	509-522-0100	MD	MD								
Washington State Penitentiary	Walla Walla	Walla Walla	Patricia Rima	509-525-0523						X		R		
YVFWC - Family Medical Center	Walla Walla	Walla Walla	Mark Rearrick	509-865-6175	MD									
Palouse Health Center	Whitman	Palouse	Sandra Schorzman	509-878-8000				R				X		
Ahtanum View Correctional Complex	Yakima	Yakima	Joop DeJonge	509-573-6353					X	R				
Community Dental of Sunnyside	Yakima	Sunnyside	Gary E. Martin, DDS	509-837-6119								X		
Emerald Care	Yakima	Wapato	Kelly Hoon	509-877-3175					X	X/R				
Quality Care Medical Clinic	Yakima	Yakima	Larry Keller	509-249-1288	MD			X						
Spavinaw Family Dental	Yakima	Yakima	Greg Norell, DDS	509-837-3331								X/R	X	
Toppenish Community Hospital	Yakima	Toppenish	Monte Bostwick	509-575-5278						X				
Yakima Neighborhood Health Services - Sunnyside	Yakima	Sunnyside	Rhonda Hauff	509-574-5552						X/R	X			
Yakima Neighborhood Health Services - Yakima	Yakima	Yakima	Rhonda Hauff	509-574-5552						X/R	X	X		
YVFWC - Family Health Network	Yakima	Toppenish	Mark Rearrick	509-865-6175	MD			R						
YVFWC - Grandview Medical/Dental Clinics	Yakima	Grandview	Mark Rearrick	509-865-6175	MD							X		
YVFWC - Toppenish Clinic	Yakima	Toppenish	Mark Rearrick	509-865-6175	MD			X			R			
YVFWC - Valley Women's Health	Yakima	Yakima	Mark Rearrick	509-865-6175	MD									
YVFWC - Women's Health Network	Yakima	Yakima	Mark Rearrick	509-865-6175	MD									
YVFWC - Yakima Clinic	Yakima	Yakima	Mark Rearrick	509-865-6175	MD			X/R		R		X		

X = Recruitment R = Retention